

**please identify quantity of goods needed for next 30 days of operation;
please do not identify items that you already have on hand

Your Organization:		Date:											
Item	State(s)	Quantity needed due to federal regulatory requirement (worker safety, food safety, other protection)	Please Specify Regulatory Requirement	Quantity needed due to state regulatory requirement (worker safety, food safety, other protection)	Please Specify Regulatory Requirement	Quantity needed due to local regulatory requirement (worker safety, food safety, other protection)	Please Specify Regulatory Requirement	Quantity needed due to biotech/food supplier requirements (worker safety, food safety, other protection)	Quantity needed due to standard voluntary company practice (worker safety, food safety, other protection)	Quantity needed due to voluntary company practice for COVID-19 precautions (worker safety, food safety, other protection)	Total Quantity Needed for next 30 days of operation (Please itemize by Category (E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z))	Quantity of item used in normal 30 days of operation during this period (same time-frame as year)	Are there alternatives products or practices available? Would you need regulatory flexibility in order to implement an identified alternative? If so, please specify the applicable regulation.
		Quantity to meet Federal Regulation		Quantity to meet State Regulation		Quantity to meet Local Regulation		Quantity to meet Buyer/ Food Supplier Requirements	Quantity to obtain normal course of operations (per month)	Quantity due to Voluntary - COVID -19 precautionary	Quantity Needed (Next 30 days)	Total Items Used Same Time Last Year	
EXAMPLE: N95 masks	GA, NY, MI	50		25		25		25	25	25	175	1000	
Nitrile Exam Gloves									6000	100000	105000	6000	
N95 Masks									25000	2000	25000	25000	
Infrared Thermometers											2000	0	
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